POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7.D		2.15,00
O.I.P.E. CLASSIFIER		16	2:900
FORMALITY REVIEW			1 / 0
RESPONSE FORMALITY REVIEW			
	de	64836	3 20

## **INDEX OF CLAIMS**

~	Rejected	N Non-elect	ed
	Allowed	Interferen	ce
_	(Through numeral) Canceled	A Appeal	
÷	Restricted	O Objected	

Claim Date	Claim Date	Claim Date
E 20000		
The state of the s	Final	Final
	51	101
2	52	102
3	53	103
4	54	104
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<b>13</b> 1 // <b>3 3 3 3 3 3 3 3 3 3</b>	63	113
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34	83	133
35	84	134
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38	87	137
39	88	138
40	89	139
	90	140
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If more than 150 claims or 10 actions staple additional sheet here

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